



## **Connecticut Department of Public Health**

### **Testimony Presented Before the Public Health Committee**

**February 21, 2017**

**Commissioner Raul Pino, M.D., M.P.H.  
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### **House Bill 7052 - An Act Preventing Prescription Opioid Diversion and Abuse**

The Department of Public Health (DPH) supports House Bill 7052, which strengthens current law regarding opioid abuse prevention. Thank you for the opportunity to testify on this important issue.

Unfortunately, opioid overdoses are still on the rise. In 2015, there were over 33,000 opioid deaths in the United States - more than any other year on record. In Connecticut alone, there were over 800 drug related overdoses from January 1, 2015 through August 2, 2016.

Last year, Governor Malloy introduced, and the legislature passed, Public Act 16-43 to help address this crisis. The law, in part, reduced excessive opioid prescribing practices by limiting opioid drug prescriptions to a seven day supply upon initial prescription for minors and adults, as recommended in the National Centers for Disease Control and Prevention's (CDC) Guideline for Prescribing Opioids for Chronic Pain. It also required physicians to inform minors and their parents or guardians of the risks associated with use of an opioid drug, the signs of overdose, and the dangers of drug interactions.

Through House Bill 7052 the Governor proposes to enhance efforts to educate patients about the risks of using opioid drugs, and establishes a new safeguard to allow patients to notify their healthcare practitioners that they do not want to be prescribed or have administered any opioid medications or drugs.

It is imperative that every person who is prescribed an opioid medication understands the risks of the prescription they are accepting. Requiring prescribing health care practitioners to engage *every* patient in a dialogue on the addictive properties of opioid medications, the dangers of drug interactions, and signs of overdose *each time* they issue a prescription for an opioid drug will significantly elevate awareness of the risks associated with opioid prescriptions, and could prevent a patient from experiencing substance use disorder entirely.

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Reciprocally, patients have the right to communicate their medication treatment preferences to their health care practitioner, and this bill formalizes the delivery of that information through a voluntary non-opioid directive form, which would be included in the patient's medical record. The road to recovery is long and arduous. Unfortunately, people with substance use disorder may still have the desire to use even after they have been clean and sober for a period of time. This mechanism can help a person in recovery from substance use disorder ensure that the medical treatment they receive is safe.

Additionally, DPH supports the provision of the bill to allow the Department of Consumer Protection (DCP) to, under specific circumstances, share data collected through the Prescription Drug Monitoring Program (PDMP) regarding controlled substances prescriptions. The Department would like to emphasize that this data sharing would be protected under our confidentiality statute, CGS Section 19a-25, and would only be seen by the individuals studying disease prevention and control related to opioid abuse or morbidity and mortality caused by overdoses of controlled substances. Access to this information would provide the Department's researchers with enhanced tracking of prescribing practices and utilization trends.

Thank you for your consideration of this information.